

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 110
Registered No. 59

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____ St. _____ Ward _____
City Miami No. 1016 Sullivan St.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child

Albert Estabane

3. Sex of Child

To be answered ONLY
in event of plural
births.

Male

4. Twin, triplet or other

6. Legitimate?

yes

7. Date of birth

Feb. 2 - 1929
Month Day Year

Male

5. No. in order of birth

8. FATHER

Full name Frederick Estabane

9. Residence

(Usual place of abode)
If non-resident, give place and state.

Miami,
Arizona

14. MOTHER

Full maiden name

Alberta Barela
Miami,
Arizona

15. Residence

(Usual place of abode)
If non-resident, give place and state.

16. Color or race

Mex.

17. Age at last birthday

20 (Years)

18. Birthplace (city or place)

(State or country)

Belen,
New Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

2

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:15 A.M. on the date above stated.
(Born alive or stillborn.)

Signature

Cyril M. Cron M.D.
Physician
(Physician or midwife.)

Address

Miami, Arizona

Filed

Feb 18, 1929

C. E. Jones
Registrar

Registrar

155 202-121

WRITE PLAINLY WITH UNFADING INK.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the order of birth stated.